

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-046898

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 1

FILED DEC 20 1963

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Montgomery	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico, Mo.		c. CITY OR TOWN Middle Town	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain Hospital		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Delbert ELLSWORTH Bethel			4. DATE OF DEATH Month Day Year Dec. 12 63		
5. SEX MALE	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-17-84	9. AGE (last birthday) 78	10. IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant		10b. KIND OF BUSINESS OR INDUSTRY GROCERY		11. BIRTHPLACE (City and state or country) Middle Town Mo	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Hezekiah Bethel		13b. MOTHER'S MAIDEN NAME Delia ANN Collins	
14. NAME OF HUSBAND OR WIFE LINA Nagel		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 3 LINA Bethel-Middle Town Mo	

18. CAUSE OF DEATH (Enter only one cause per line for the cause of death) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Infarct Post op. Hip prosthesis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 5 min 2 wks
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus, Lymphosarcoma		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) now 63, to death	20f. CITY, TOWN, OR LOCATION Mexico Mo	COUNTY	STATE
21. I attended the deceased from 11:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE Leonard J. D. MD	22b. ADDRESS Mexico Mo	22c. DATE SIGNED 12-12-63
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE Dec. 14, 1963	23c. NAME OF CEMETERY OR CREMATORY TRINITY LUTHERAN Cem. Wellsville Mo	23d. LOCATION (City, town, or county) Mo
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24. FUNERAL DIRECTOR Pritchett - MYERS	ADDRESS Middle Town Mo	25. DATE REC'D. BY LOCAL REG. December 17, 1963	26. REGISTRAR'S SIGNATURE Albert Edmonston
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300  
Rev. 4/59  
10047  
20700  
3  
4 0  
5 1  
6  
7 0  
8 2  
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11  
12 1-0  
13 3-0

MAY 27 1968

DEC 31 1968

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. 705  
working under my personal supervision.

Student Paul F. Chens  
Signature of Student Embalmer

Signed Howard F. Myers

Licensed Embalmer No. 1494  
P. O. Address Wellsville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.